

THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Presentation to Federal Communications Commission
March 20, 2013

Linda Oliver, Deputy Chief of Telecommunications

Access Policy Division

Christianna Barnhart, Attorney-Advisor

Telecommunications Access Policy Division

A BRIEF OVERVIEW OF THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

The Evangelical Lutheran Good Samaritan Society (The Society) was founded in 1922 in Arthur, ND and is today the nation's largest not-for-profit, faith-based senior care and services organization, headquartered in Sioux Falls, SD.

Our Services

Home Health
Senior Living with Services
Post-Acute Care
Skilled Nursing Care
Affordable Housing
Inpatient and Outpatient Therapy

Home Care
Assisted Living
Services At Home
Hospice
Child Day Services

Respite Care
Memory and Specialty Care
LivingWell@Home
Adult Day Services
Wellness

A BRIEF OVERVIEW OF THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Our Community Presence

The Society has facilities in more than 240 locations nationwide.
The Society daily cares for more than 27,000 people in 24 states.
The Society employs more than 21,000 staff members.

Our Mission

The Mission of The Society is to share God's love in word and deed by providing shelter and supportive services to older persons and others in need, believing that "In Christ's Love, Everyone is Someone."

A BRIEF OVERVIEW OF THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

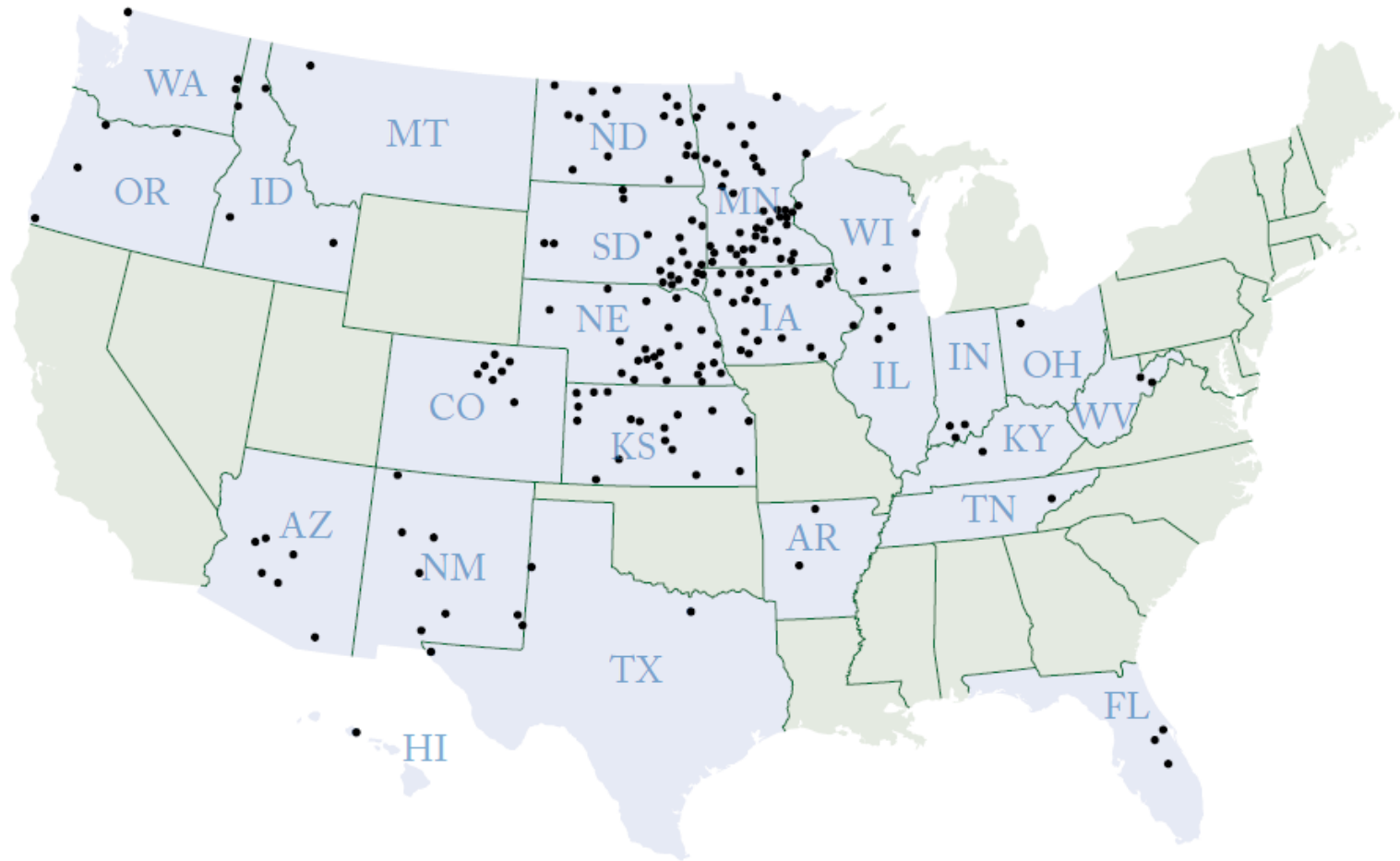
Our Vision

To create an environment where people are loved, valued and at peace.

Our Strategic Direction

To lead the way in supporting well-being... at your place or ours.

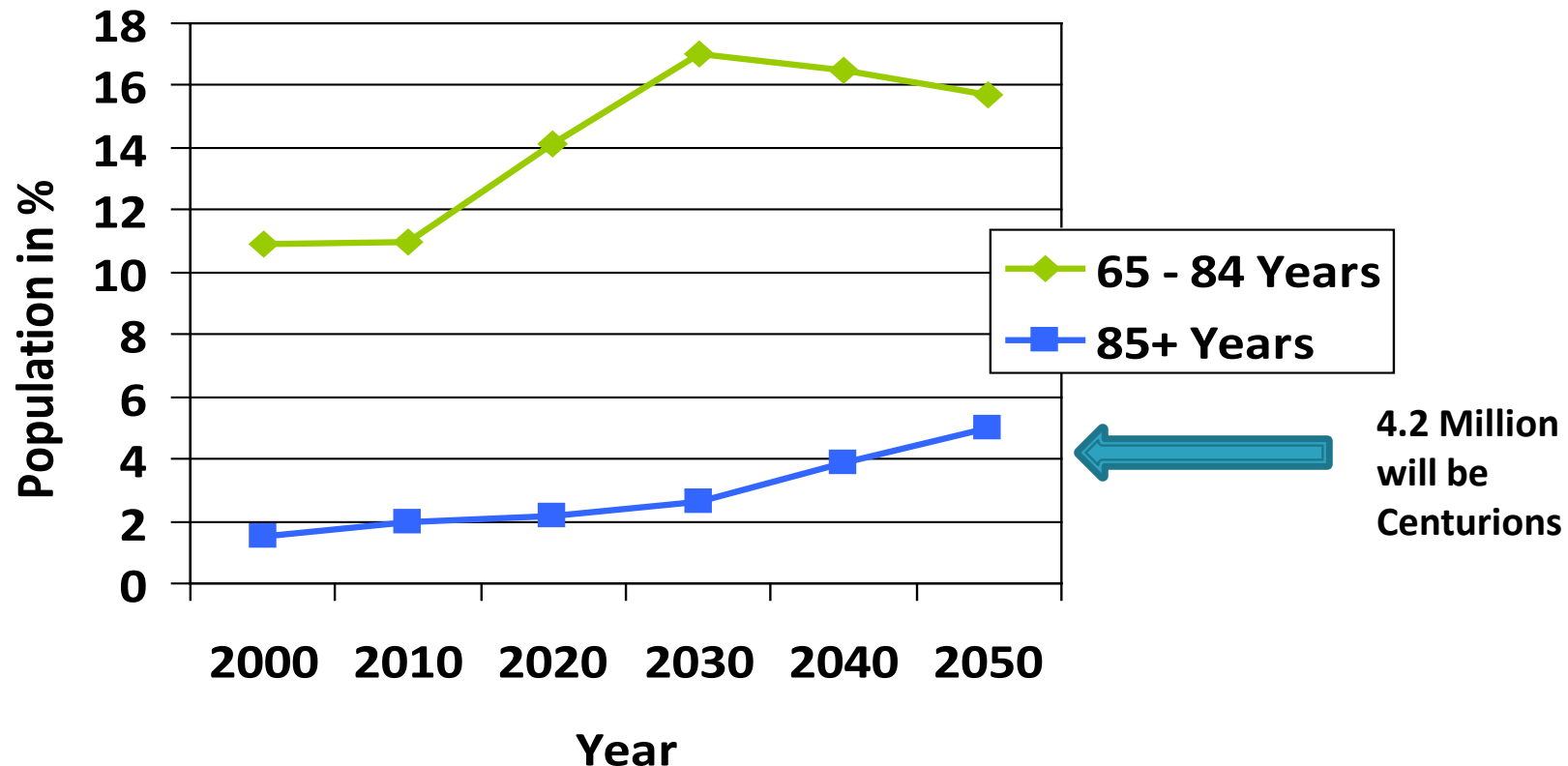
NATIONAL MAP



ADVOCATING OPTIONS FOR SENIOR CARE

The Society is committed to overall goals of well-being; improved care management; reduced hospitalization and rehospitalization; and the prevention of unnecessary emergency room visits and long-term care stays.

Projected Population of the US 2000 – 2050



Source: U.S. Census Bureau, 2004, "U.S. Interim Projections by Age, Sex Race and Hispanics

United States Median: Care Costs in 2012

▶ Home Care

- Homemaker Services \$20 Per Hour
- Home Health Aide Services \$21 Per Hour

▶ Adult Day Health Care

- Daily Rates \$70 Per Day

▶ Assisted Living Facility

- Private, one bedroom \$42,600 Per Year

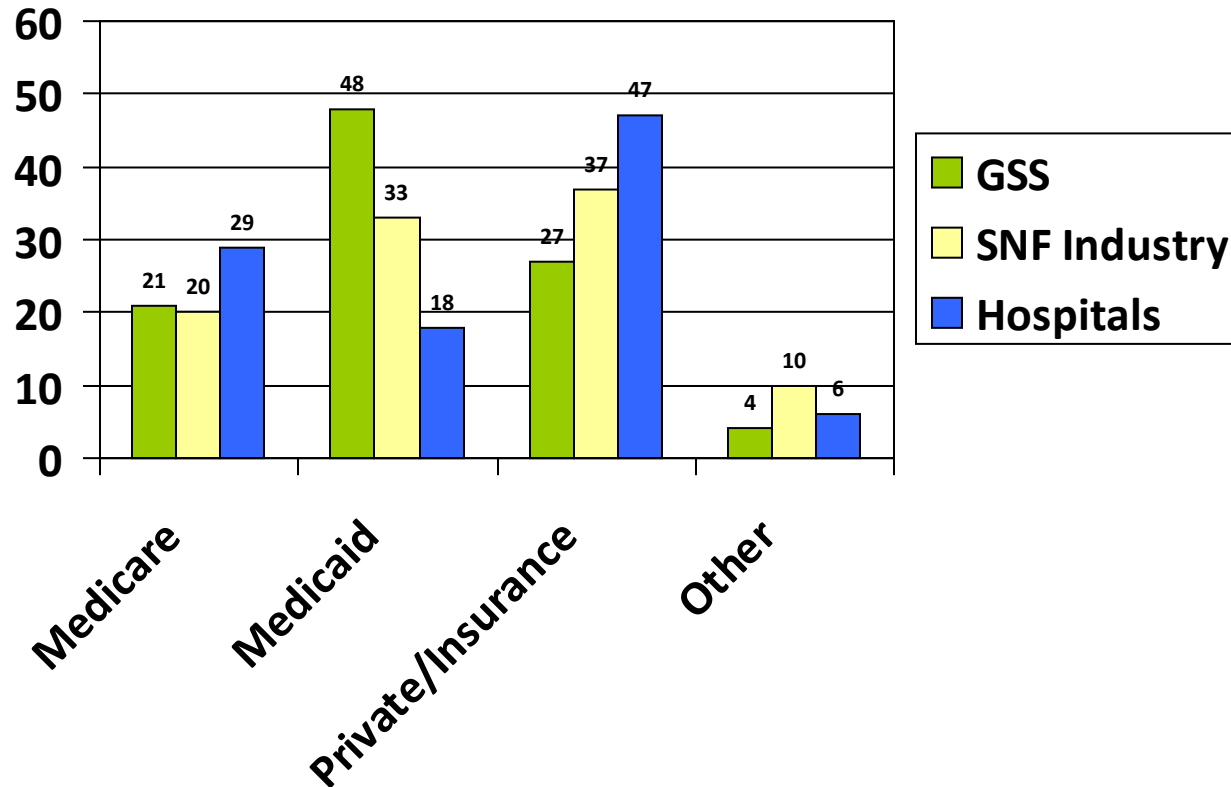
▶ Nursing Home Care

- Semi-Private Room \$81,030 Per Year
- Private Room \$90,520 Per Year

5 – 7 Percent of Americans have Long-Term Care Insurance

Source: Genworth Financials Inc., 2012

US Patients by Payor – 2009



Source: CMS National Health Expenditure Data Report 2009, The Evangelical Lutheran Good Samaritan Society Statistics 2009

LIVINGWELL@HOME PROJECT

- ▶ \$8.1 M private grant from The Hemsley Charitable Trust
- ▶ 1,567 Study participants from 5 states
- ▶ Research results to be compared with national CMS Medicare Claims Data
- ▶ University of Minnesota, School of Public Health, will do research and articles for Peer Review
- ▶ Results to Congress, Insurance Cos., CMS, MedPAC, MACPAC, NGA and others
- ▶ Intent for authorizing legislation

PURPOSE

Prospective, longitudinal study to test the efficacy of LivingWell@Home technologies on:

- ▶ Healthcare Cost
- ▶ Health Service Utilization
- ▶ Health Outcomes
- ▶ Quality of Life
- ▶ Client Satisfaction

1,567 SENIORS IN FOUR GROUPS

- ▶ **Group One:** Patients enrolled at time of discharge from inpatient hospitals: seniors moving from inpatient acute-care back into a community setting.
- ▶ **Group Two:** Residents enrolled at time of discharge from skilled nursing facilities: seniors moving from post-acute care nursing facility back into a community setting.
- ▶ **Group Three:** Seniors on Elderly Waivers who are dually eligible for Medicare and Medicaid: seniors receiving elderly waiver benefits in a community setting who have experienced a hospitalization within last 12 months.
- ▶ **Group Four:** Assisted Living Facility (ALF) residents: ALF residents living in Good Samaritan Society ALFs located in SD, ND, MN and NE.

LW@H Technologies

- ▶ **Sensor Technology** – Sleep sensor, humidity sensor, motion detector
- ▶ **Telehealth** – Remote care delivery system that measures blood pressure, heart rate, oxygen levels, and weight
- ▶ **Personal Emergency Response (PERS)** – System that notifies family/9-1-1 when an adverse event such as a fall or sudden illness occurs

LW@H Services

► LivingWell Center – Monitoring

- Centralized data collection hub located on the Society's National Campus in Sioux Falls, SD.
- Currently staffed by 8 clinical nurse specialists and 6 data review specialists (non-clinical)
- Clinical/activity data is transmitted electronically to the LivingWell Center and reviewed by a nurse specialist
- Personalized monitoring data trends informs clients of their wellness and provides early intervention to enhance/maintain well-being.

Client Advocate Care Delivery Model

- ▶ The *Client Advocate Care Delivery Model* includes utilization of LW@H technology and monitoring.
- ▶ The client advocate will:
 - support beneficiaries during care transitions, throughout the defined episode of time, to develop a beneficiary relationship through patient engagement, education, follow-up, and satisfaction.
 - engage with the beneficiary in the hospital, acting as a liaison or guide for the beneficiary.
 - assist the beneficiary through discussing their health condition and their care plan, finding solutions to health challenges that put them at a greater risk of potentially higher levels of care or hospitalization.
 - Assist the beneficiary in navigating the healthcare system throughout the 90-day episode period to achieve the desired health outcome goals for the beneficiary.

Early Prevention with LW@H

Trending changes in vitals, sleep quality, bathroom visits, bathing habits and movement have captured these clinically meaningful events:

Over 35% of seniors have one serious fall per year

- ▶ Urinary tract infections (UTI)
- ▶ Negative reactions to medications
- ▶ Positive responses to adjustments in medications
- ▶ Congestive heart failure
- ▶ Chronic obstructive pulmonary disease (COPD)

Early Prevention with LW@H

Trending changes in vitals, sleep quality, bathroom visits, bathing habits and movement have captured these clinically meaningful events:

- ▶ Sleep irregularities
- ▶ Pneumonia
- ▶ Cardiac events
- ▶ Kidney infections
- ▶ Fungal infections
- ▶ Chronic pain
- ▶ Falls
- ▶ Pre-Dementia

50% of seniors will experience a UTI, the 2nd leading cause for ER visits

Anecdotal Case Information of Dual Eligible Client with No Equipment

(Control Group)

Patient Information:

78 year-old male living with spouse in rural area (population 24,064). Treated for four chronic conditions and had outpatient gallbladder surgery. Six days later he was transported by ambulance to ER and admitted with UTI diagnosis. Discharged after nine days in hospital without orders for home care. Seeing urologist to remove catheter.

Outcome Assumption:

If technology had been used in the home, UTI symptoms could have been recognized and early intervention could have eliminated the need for extended medical costs.

Cost Differential

Estimated Costs (without technology)		Probable Costs (w/LW@H technology)	
Hospital Stay	9,200		0
Ambulance	350		0
Emergency Room	1,300		0
DME	800		0
Physician Specialist	800		0
Physician (9 days @ \$75)	675	Physician (2 days @ \$75)	150
Antibiotics	250	Antibiotics	250
Total Estimated Cost	\$13,375	Total Probable Cost	\$400

Congestive Heart Failure

Diary Calls to Study Participants in a Month

- ▶ 800 calls made to participants in LW@H study for the month
- ▶ 206 of 800 clients indicated they had congestive heart failure (self reported, not confirmed in this call)
 - 98 participants indicating CHF are in control group (no LW@H equipment)
 - 108 participants indicating CHF are in experiment group (have LW@H equipment)
- ▶ 72 in control group and 81 of the experimental group had at least five diagnoses or more.
- ▶ None of the 108 experimental group participants went to hospital in May
- ▶ Three of the 98 control group participants did go to hospital in May

**Following are the three scenarios and
estimated medical costs:**

Scenario One

Participant was taken by ambulance to the ER and then admitted to the hospital for 10 days to remove fluid buildup. If this patient had the technology, early intervention may have prevented the ambulance, ER, hospital and (most) doctor costs.

Estimated Costs (without technology)		Probable Costs (w/LW@H technology)	
Hospital Stay (CMS Average)	9,200		0
Ambulance	350		0
Emergency Room	1,300	Medication	100
Physician (10 visits @ \$75)	750	Physician (3 visits @ \$75)	225
Total Estimated Cost	\$11,600	Total Probable Cost	\$325

Note: Cost estimates provided on these slides are based on CMS average medical costs and do not include outliers or any complications a patient might have. Average hospital stay is listed at \$9,200 and some will be more or less.

Scenario Two

Participant admitted self to ER with trouble breathing, admitted to the hospital for 3 days.

Estimated Costs (without technology)		Probable Costs (w/LW@H technology)	
Hospital Stay (CMS Average)	9,200		0
Emergency Room	1,300	Medication	50
Physician (3 visits @ \$75)	225	Physician (1 visit @ \$75)	75
Total Estimated Cost	\$10,725	Total Probable Cost	\$125

Note: Cost estimates provided on these slides are based on CMS average medical costs and do not include outliers or any complications a patient might have. Average hospital stay is listed at \$9,200 and some will be more or less.

Scenario Three

Participant admitted self to ER due to shortness of breath and was admitted to the hospital for 8 days, plus home health after discharge.

Estimated Costs (without technology)		Probable Costs (w/LW@H technology)	
Hospital Stay (CMS Average)	9,200		0
Emergency Room	1,300		0
Physician (8 visits @ \$75)	600	Physician (1 visit @ \$75)	75
Home Health	4,000		
Total Estimated Cost	\$15,100	Total Probable Cost	\$75

Note: Cost estimates provided on these slides are based on CMS average medical costs and do not include outliers or any complications a patient might have. Average hospital stay is listed at \$9,200 and some will be more or less.

LIVINGWELL@HOME COST FOR ONE YEAR IN HOME

- ▶ Equipment and Installation of sensors, telehealth, personal emergency response system (PERS)
- ▶ Nurse monitoring of data
- ▶ Immediate emergency intervention if a fall is detected by PERS and client does not respond
- ▶ Nurse intervention to connect with client when needed for telehealth or sensor issues
- ▶ Contact by nurse to other health care provider/family when warranted
- ▶ Proper training on use of equipment

**Approximately \$460 per month
or \$5,500 per year**

Sixteen customers would have these **services** for a year in their home for the same cost of **one** person residing in a **skilled nursing home** at the national average expense (\$90,520) for a year

CHANGE THE PERCEPTION AND THE EXPERIENCE OF AGING

The Good Samaritan Society wants to change the way seniors live and age. We believe technologies such as sensors, telehealth and personal emergency response systems (PERS) can:

- ▶ help seniors live longer in the place they call home.
- ▶ help prevent premature transitions to a hospital or rehabilitation and skilled care center
- ▶ help reduce the cost of senior care.
- ▶ promote well-being and remotely monitor health issues of seniors.

Skilled Inpatient Care Redesign

- ▶ The Society will have every SNF with Electronic Medical Record technology by 2015.
- ▶ The Society is implementing INTERACT (Interventions to Reduce Acute Care Transfers) which is a quality improvement program designed to improve the care of nursing home residents. It provides communication tools, decision support tools, and quality improvement tools that enhance the nursing home's ability to identify, evaluate and manage conditions before they become serious enough to necessitate hospital transfer.
- ▶ The Society will enter into Phase 2 of the CMMI Bundled Payment for Care Improvement Initiative on July 1, 2013.

THE GOOD SAMARITAN SOCIETY ASKS:

**How may we be of assistance and
become a valued partner to the
Federal Communications
Commission?**

THANK YOU

Thank you, Linda and Christianna, for meeting today!

The Good Samaritan Society would like to continue an ongoing dialogue with the FCC to help develop affordable and meaningful care options for our nation's seniors with the expanded use of the Healthcare Connect Fund.